

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90109 036 \*\*\*150.00

**DOCUMENT # F01000001678**

1. Entity Name  
**BLAZER FINANCIAL SERVICES, INC.**



Principal Place of Business  
**8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050**

Mailing Address  
**8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050**

**30063314**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0079740**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P GILBERT, DANIEL**  
STREET ADDRESS **9814 COMPASS POINT WAY**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Change ☒ Addition  
NAME **FIRST VICE PRESIDENT & SEC.**  
STREET ADDRESS **DEBORAH ROSE TRACY**  
CITY-ST-ZIP **8900 GRAND OAK CIRCLE TAMPA, FL 33637**

TITLE ☒ Delete  
NAME **VSGC GARNER, JAMES R**  
STREET ADDRESS **17952 CACHET ISLE DR.**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☒ Addition  
NAME **SENIOR VICE PRESIDENT**  
STREET ADDRESS **PATRICIA BOUCHER**  
CITY-ST-ZIP **8900 GRAND OAK CIRCLE TAMPA, FL 33637**

TITLE ☐ Delete  
NAME **VCMO WHITING, GARDNER E III**  
STREET ADDRESS **17417 HEATHER OAKS PLACE**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☒ Addition  
NAME **SENIOR VICE PRESIDENT**  
STREET ADDRESS **RICHARD E. GODDARD (ELVIS)**  
CITY-ST-ZIP **8900 GRAND OAK CIRCLE TAMPA, FL 33637**

TITLE ☒ Delete  
NAME **VCFO LEVY, RICHARD M**  
STREET ADDRESS **12118 SE 21ST STREET**  
CITY-ST-ZIP **SEATTLE WA 98101**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **V POUNDS, JACK W**  
STREET ADDRESS **17804 ARBOR GREEN DR.**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V ROWLES, SEAN**  
STREET ADDRESS **5318 SW ADMIRAL WAY**  
CITY-ST-ZIP **WEST SEATTLE WA 98116**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Thurston **BEVERLY THURSTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 813-632-4555

Date

Daytime Phone #

CR2E034 (10/02)